



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Group K - St Anne's Residential Services
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	20 January 2026
Centre ID:	OSV-0005157
Fieldwork ID:	MON-0040264

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Group K - St Anne's Residential Services consists of a detached two-storey house, located in a small town. The designated centre provides a residential service for up to five residents with intellectual disabilities, both male and female, over the age of 18. The centre can offer support for those with mobility issues. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, two sitting rooms, bathroom facilities and staff rooms. Staff support is provided by a clinical nurse manager, a home manager and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 January 2026	09:30hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by one inspector. Overall, the findings of the inspection indicated that the staff team and local management was striving to offer person centred care and support to residents. The inspector identified some areas where improvements were required these included staffing and medication management.

The centre had capacity to accommodate five individuals for full-time residential care. At the time of inspection five residents were living in the home. The inspectors had the opportunity to meet with all five residents throughout the inspection. Residents reported they were happy living the centre, they had friends living with them and they had nice bedrooms. Residents also reported that staff helped and support them when needed, they got involved in the running of the centre and had opportunity to contribute to meal and activity planning. One resident had been involved in the decision to move the laundry facilities inside from the garden shed, another resident enjoyed keeping plants and flowers in the garden.

In addition to meeting with residents, the inspectors spoke with three members of staff, the person in charge and reviewed documentation in relation to the care and support needs of the residents in the home. In addition the inspection completed a walk around of the designated centre.

The centre comprises a large detached two-store home located on the outskirts of a small town in Co. Tipperary. The house was surrounded by a enclosed garden area and was walking distance to a local restaurant where residents were well known. The premises included a large sitting room, kitchen dinning room, each resident had their own bedroom along with facilities rooms such as mob and cleaning storage, medication storage and laundry facilitates. The upstarts of the centre had a bathroom, office and staff sleepover room. Overall the centre was seen to be clean and warm and was decorated in a homely manner. The centre was as described in the floor plans and statement of purpose and was suitable to the needs of the residents living there.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received five completed questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". Four residents were supported by their staff to complete the questionnaire and one resident complete theirs independently. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. An example of comments in the

questionnaires included. 'I feel very involved and included in all decisions regarding my care and my home', 'very safe environment', 'I love my bedroom it is decorated with family photos and my choice of decor' and 'everyone is very friendly and we relax and watch TV together'.

In summery, residents appeared to be busy and had things to look forward to. The staff team were motivated to ensure residents were happy, safe and taking part in activities they found meaningful. Overall, the inspector found that residents were supported to make choices around how they wished to spend their time, what and how they would like to eat and drink and to what extent they wished to take part in the running of the centre. The provider was completing audits and review and identifying areas of good practice and were implementing actions to bring about required improvements where the need was identified.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of good quality of care and support. They were supported and encouraged to take part in activities they enjoyed. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with management and staff the inspector found that improvements were required in relation to staffing and medication management.

Although improvement were required to ensure residents were supported in line with their assessed needs at all times, this is reflected under regulation 15: Staffing.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision.

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for two other designated centres operated by the same provider. There were suitable support arrangements in place to ensure effective management of this centre. While the person in charge had the support of a full-time clinical nurse manager (CNM1) in this centre, this position was vacant on the day of the inspection.

The person in charge demonstrated a very good knowledge of the residents, including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre. On the day of inspection residents were seen to positively interact with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The centre had a core and consistent staff team supporting residents in the centre. The inspector met with three staff members on the day of inspection, all were found to be knowledgeable of residents' needs and preferences. Residents were seen to approach staff members with ease and all interactions observed were kind and respectful.

There was a full-time health care assistant vacancy in the centre which was filled by a consistent relief staff. There was also a vacancy for a clinical nurse manager (CNM1), this role had been advertised and a suitable candidate had been found.

The inspector reviewed a sample of staff meeting minutes and found them to be held regularly. Topics and discussions held included safeguarding, residents' goals, incident review, restrictive practice and staff training. Where action was required, this was clearly identified with an assigned person responsible to complete the action.

From review of eight weeks of rosters there was evidence of reduced staffing levels at the weekend. The provider submitted a business case to their funder seeking an additional 55 hours per week staff support based on changing needs of residents three years ago. This was resubmitted in July 2025 and while the provider is currently providing 47 of these hours unfunded to the centre the evidence of the remaining hours are at the weekend resulting in limitations on community based activities for residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up -to -date training in areas including safeguarding, fire safety and manual handling.

The staff team were also provided with additional centre specific training including Feeding Eating Drinking and Swallowing (FEDS), epilepsy, wheelchair clamping and understanding behaviours of concern.

All staff received supervision meetings twice per year and one performance development review (PDR) as per the providers policy. The person in charge had a scheduled in place with supervision and PDR meetings scheduled for the year 2026. The person in charge and the clinical nurse manager supported with the provision of supervision meetings.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge was maintaining a directory of residents for the designated centre. From review of the directory it included information specified in Schedule 3 of the regulation, including their name, date of birth and next of kin details.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre during the inspection. The person in charge was full

time with responsibility for two other centre operated by the provider. The support structure in place for this centre included a clinical nurse manger (CNM1) who would have clinical oversight of all residents, as previous mentioned this role was currently in recruitment. The lines of authority and accountability were clearly identified and these were known by the staff team.

The person in charge was present in the centre regularly and there was an on-call service available to residents and staff for out-of-hours. The person in charge reported to, and received support from an assigned senior manager.

The provider's last two six-monthly audits completed in July and December 2025 and the latest annual review were reviewed by the inspector. These reports were detailed in nature and captured the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required were identified in these reports.

As part of the annual review the provider completed a satisfaction survey for residents and their representatives. Responses from residents were positive and included, I love my garden and I enjoy planned nights away.

The person in charge ensured local audits were being completed regularly, these included health and safety, medication, person centered planning and care plans audit. The person in charge also engaged in monthly supervision with their assigned senior manger and attended monthly governance meetings

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

There was a copy of an easy to read statement of purpose available in the centre for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the provider's incident and accident records and found that all those that required notification to the Chief Inspector had been submitted in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

From speaking with the residents, staff and local management along with review of documentation and observations throughout the inspection it was evident that good efforts were being made by the provider, the person in charge and the staff team to ensure that residents were in receipt of good quality and safe service.

The premises was homely and warm, changes had been made to ensure all facilities were available to residents including laundry facilities. There was a range of effective systems in place to keep residents safe including assessment of needs and support plans, risk assessments and safeguarding plans.

Regulation 17: Premises

As previously mentioned the premises consisted of a large two story house with an enclosed garden. Each resident had their own bedroom and there were spacious communal areas including a sitting room and kitchen dining room. Other rooms included medication, laundry, storage for mops and upstairs had a staff sleepover room, office and bathroom.

Overall, the premises was suitable to the needs of the residents living in the centre, the inspector observed residents moving around the centre with ease. Residents bedrooms were personalised with items of importance on display. Two residents had shown the inspector their bedrooms, both reported they had enough storage and liked their bedrooms and the centre. One resident reported they were happy the laundry facilities had been moved into the house from the garden shed as it was easier access.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors reviewed the centre's risk register and individual risk registers for three residents in the centre.

All risks had been identified and control measures were put in place to reduce their impact. There were risk assessments in place for potential risk, actual risk and for the use of restrictions. For example, residents had risk assessments in place for falls, clinical diagnosis such as epilepsy, high cholesterol and nutrition.

Risk assessments were reviewed in line with the time frame set out in the provider's policy and were seen to be reviewed earlier if required. For example, one resident had a fall in October and their risk assessment was updated, a falls assessment was completed and a referral to a clinical professional was made.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector reviewed these medication management systems in the centre and found that some improvements were required to ensure safe practice at all times. This was seen in the following areas:

- A lack of appropriate and suitable storage for all medication including additional stock.
- Stock check system in place was not identifying admin errors or expiry dates.
- Two discrepancies were observed in PRN (as required medication) stock.
- One PRN medication had no visible expiry date.

While residents had assessments, support plans and their preferences around how they like to take their medication was known by staff, the systems required review to ensure effective management of medication in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider was actively reviewing residents needs, developing support plans and offering support in line with these plans.

The inspectors reviewed two residents assessments and personal plans and found them to be up -to -date and person-centred. They were detailed and it was clear from review of the plans residents' strengths and needs were clearly reflected.

From the inspectors conversations with residents' and review of documentation, it was clear resident were supported to make choices about how they wanted to live. Each resident was supported to have a residents meetings weekly, this gave them an opportunity to plan meals and activities for the week ahead. The chosen menu was displayed on the wall in the kitchen for residents to see and from speaking with residents they were aware what they were having for dinner.

Judgment: Compliant

Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed the healthcare plans and found they effectively guided the staff team in supporting residents with their healthcare needs. The person in charge ensured that residents were facilitated in accessing appropriate health and social care professionals, as required.

Each resident had an annual review of their health, with planning for the year ahead for routine appointments and reviews.

The addition of the CNM1 post to the centre will provide nursing oversight for residents with increased clinical support needs in the centre, this was identified as a requirement in line with residents changing needs.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse within the centre. Any allegations

made, were appropriately documented, investigated and managed in line with national policy.

All staff had received safeguarding training to support them in the prevention, detection and response to safeguarding concerns. Staff had also received training in Children's first and human rights to further support them to protect residents.

On the day of inspection there was one interim safeguarding plan in place, the incident had been identified as a safeguarding concern by staff on duty, they took appropriate steps to report the incident and ensured the resident was safe. This was followed up by local management reporting the incident to the relevant authorities and implementing an interim safeguarding plan that was seen to be effective on the day of inspection.

Residents had intimate care plans in place, which were subject to regular review and guided staff in supporting them with personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were seen to be respected in this centre, local management and the staff team were striving to offer person centred care and were seen to offer choice and control to residents around decisions that effect their every day lives.

Residents had weekly residents meetings in the centre and they also had an advocacy meeting once a month. A human rights easy to read poster was seen to be framed and displayed in a prominent place in the house. Residents were also supported to have other easy to read documents such as understanding a diagnosis, complaints, health and safety and female residents had access to a hand book on breast cancer awareness.

Throughout the inspection staff were observed speaking about and to residents respectfully, from review of documentation residents support plans and assessment's were recording using positive and respectful language.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Group K - St Anne's Residential Services OSV-0005157

Inspection ID: MON-0040264

Date of inspection: 20/01/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has submitted business cases to HSE as funder requesting enhanced funding following the identification of staffing deficits within the designated Centre. Business cases include enhanced funding for staffing in relation to residents who have retired from day service within the designated Centre.</p> <p>The service manager has raised deficits identified in staffing with the ACEO. This was submitted to the senior executive management team for interim staffing approval.</p> <p>Staffing deficits are currently covered by regular relief staff covering shifts</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The registered provider has completed a review of the clinical room and will install suitable and appropriate storage for all medication including additional stock. The registered provider has reviewed the medication stock check system and will update this system to identify administration errors and expiry dates. The registered provider will complete an internal medication audit and a PRN audit and discuss at the next team meeting the importance of accurate stock checking and ensuring medication labels are legible.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	05/05/2026
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the	Substantially Compliant	Yellow	05/05/2026

	designated centre is stored securely.			
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